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- a. ☐ A check in the amount of \$ _____ to cover the above fees is enclosed.
- b. ☐ Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees.
A duplicate copy of this sheet is enclosed.
- c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit
Account No. 04-0100 . A duplicate copy of this sheet is enclosed.
- d. ☒ Fees are to be charged to a credit card. **WARNING:** Information on this form may become public. **Credit card information
should not be included on this form.** Provide credit card information and authorization on PTO-2038

NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be
filed and granted to restore the International Application to pending status.

SEND ALL CORRESPONDENCE TO:

Peter C. Schechter
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P.O. Box 5257
New York, New York 10150-5257
(212) 527-7723

CUSTOMER NUMBER: 07278


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